

CAMPAIGN CONTRIBUTIONS AND EXPENSES REPORT

State of Nevada

Bob McCleary

State Assembly

A II: 25

District 11

Name (print)

Office (if applicable)

District (if applicable)

2205 Flower Ave N. Las Vegas, NV 89030

702-413-9947

Mailing Address (include city and zip code)

Telephone No.

bmcclary@asm.state.nv.us

E-Mail Address

Select Appropriate Box(es)

☒ CANDIDATE ☐ PAC ☐ BAG ☐ POL PRY ☐ IND EXP ☐ NONPROFIT CORP☐ AMENDED ☐ ANNUAL FILING ☐ PETITIONERS WHO INITIATE/CIRCULATE PETITION & RECEIVE OR EXPEND FUNDS IN EXCESS OF 10K☒ Annual Filing - Due January 15, 2006

Period: January 1, 2005 - December 31, 2005

☐ Report #1 - Due August 8, 2006*

Period: Jan. 1, 2006 - Aug 3, 2006

☐ Report #2 Due - October 31, 2006*

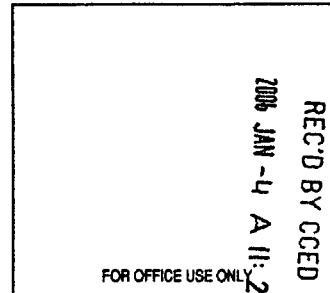
Period: Aug. 4, 2006 - Oct. 26, 2006

☐ Report #3 Due - January 15, 2007**

Period: Oct. 27, 2006 - Dec. 31, 2006

☐ Annual Filing - Due January 15, 2007

Period: January 1, 2006 - December 31, 2006



* These Reports are filed by incumbents/candidates running for office in the 2006 election cycle

** Third Report suffices for 2007 Annual Filing if candidate also filed Report Nos. 1 and 2

CONTRIBUTIONS SUMMARY

1. Total Monetary Contributions Received in Excess of \$100
(See page 1 of instruction sheet)
2. Total Monetary Contributions Received of \$100 or Less
(See page 2 of instruction sheet)
3. Total Monetary Contributions in the form of loans guaranteed by a third party. (See page 2 of instruction sheet)
4. Total Monetary Contributions in the form of loans that were forgiven
(See page 2 of instruction sheet)

This Period

\$12,750

Cumulative
From Beginning of
Report Period #1
through End of
This Reporting
Period

0

0

0

This Period

Cumulative From
Beginning of
Report Period #1
Through End of
This Reporting
Period

5. Total Amount of Monetary Contributions Received
(Add Lines 1 through 4) (See page 2 of instruction sheet)
6. Total Amount of Written Commitments for Contributions (When commitment is funded, report as contribution (monetary or in kind))
(See page 2 of instruction sheet)
7. Total Value of In Kind Contributions Received in Excess of \$100 (See page 2 of instruction sheet)

\$12,750

0

EXPENSES SUMMARY

8. Total Monetary Expenses Paid in Excess of \$100
(See page 2 of instruction sheet)
9. Total Monetary Expenses Paid of \$100 or Less
(See page 2 of instruction sheet)
10. Total Amount of All Monetary Expenses Paid
(Add Lines 8 and 9) (See page 2 of instruction sheet)
11. Total Value of In Kind Expenses in Excess of \$100 (See page 3 of instruction sheet)
12. Disposition of Unspent Contributions
(Only reported on Report #3, Annual Report or 15th day of the second month after candidates defeat or incumbent does not run for reelection)
(See page 3 of instruction sheet)

0

\$165.49

\$165.49

0

AFFIRMATION

I Declare Under Penalty of Perjury That the Foregoing is True and Correct.

Bob McCleary

01-04-05

CAMPAIGN CONTRIBUTIONS**Report Period #1**

Bob McCleary

State Assembly

11

Name (print)

Office (if applicable)

District (if applicable)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
NSEA/TIP 1890 Donald Street Reno, NV 89502	09-13-05	\$250.00			
Barrick Gold 136 E. S. Temple, Ste 1300 Salt Lake City, UT 84111	09-15-05	1,000.00			
Sprint Nextel P.O. Box 7977 Shawnee Mission, KS 66207	09-21-2005	250.00			
Nevada Power Company 6226 W Sahara Ave Las Vegas, NV 89146	10-05-05	500.00			
Home-Building Industry PAC 3685 Pecos McLeod Las Vegas, NV 89121	10-06-05	750.00			
Nevada Medical PAC 3660 Baker Ln Reno, NV 89509	10-10-05	1,000.00			
Las Vegas Chamber of Commerce 3780 Howard Hughes Pkwy Las Vegas, NV 89109	10-15-05	1,000.00			
Station Casinos P.O. Box 29525 Las Vegas, NV 89126	10-28-05	500.00			
Bank Of America 800 5 th Street Seattle, WA 98104	11-08-05	500.00			
Howard Hughes Corporation 1645 Village Center Cir Las Vegas, NV 89134	11-17-05	1,000.00			
B & E Auto Auction 1239 N. Boulder Hwy Henderson, NV 89015	12-01-05	2,000.00			

Bob McCleary

State Assembly

11

Name (print)

Office (if applicable)

District (if applicable)

CAMPAIGN CONTRIBUTIONS

Report Period #1

Contributions In Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN, IF DIFFERENT THAN CONTRIBUTOR
Kummer Kaempfer Bonner & Renshaw 3800 Howard Hughes Pkwy Las Vegas, NV 89109	12-01-05	500.00			
Farmer's Insurance 4425 Spring Mountain Rd, Ste 350 Las Vegas, NV 89102	12-12-05	500.00			
SBC 645 E Plumb Lane, Ste C142 Reno, NV 89502	12-14-05	500.00			
Carriers Allied For Responsible Gov 2215 Green Vista Dr, Ste 304 Sparks, NV 89431	12-22-05	2,000.00			
Nevada Power Company 6226 W Sahara Ave Las Vegas, NV 89146	12-28-05	500.00			

WRITTEN COMMITMENTSReport Period **#1**

Bob McCleary

State Assembly

11

Name (print)

Office (if applicable)

District (if applicable)

Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100
Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary

NAME AND ADDRESS OF PERSON WHO MADE THE COMMITMENT	DATE OF EACH COMMITMENT	AMOUNT OF EACH COMMITMENT
NONE		

This page may be copied or duplicated if additional space is needed.

CAMPAIGN EXPENSESReport Period **#1**Bob McCleary
Name (print)State Assembly
Office (if applicable)11
District (if applicable)**Expense Categories**

CATEGORIES	CODE
Office expenses	A
Expenses related to volunteers	B
Expenses related to travel	C
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	H
** Goods and services provided in kind for which money would otherwise have been paid	I
Other miscellaneous expenses	J

**** NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.**

CAMPAIGN EXPENSESReport Period **#1**Bob McCleary
Name (print)State Assembly
Office (if applicable)11
District (if applicable)

Expenses in Excess of \$100
Transfer Total Amount of All Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A.365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
NONE			

This page may be copied or duplicated if additional space is needed.

IN KIND CONTRIBUTIONS AND EXPENSES REPORT

IN KIND CONTRIBUTION IS DEFINED AS THE VALUE OF SERVICES PROVIDED IN KIND FOR WHICH MONEY WOULD HAVE OTHERWISE BEEN PAID.

In kind contributions and expenses include: paid polling and resulting data, paid direct mail, paid solicitation by telephone, any paid paraphernalia that was printed or otherwise produced to promote a campaign and the use of paid personnel to assist in a campaign. An in kind contribution may also include, but is not limited to: goods and services such as billboards, office space, printing, food and beverage and yard signs.

The donor of in kind contributions shall furnish to the recipient (candidate or other person), a written statement setting forth the actual cost of those services or the fair market value within 30 days after the time he furnishes those services. (NAC 294A.043)

Examples of In kind contributions: (1) A person contributes billboard space and does not charge the candidate. The candidate would report the fair market value or actual cost of the billboard space as an in kind contribution; (2) A person pays for the printing cost of political signs for a candidate. The candidate would report the actual cost or fair market value of printing the signs as an in kind contribution.

Example of in kind expenses: (1) A person contributes the use of a large room to a candidate as an in kind contribution. Once the candidate utilizes the room it becomes an in kind expense to be reported.

**IN KIND CAMPAIGN
CONTRIBUTIONS**Report Period **#1**Bob McCleary
Name (print)State Assembly
Office (if applicable)11
District (if applicable)**IN KIND****Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100
Transfer Total Value of All In-Kind Campaign Contributions to Line 7 of Contributions Summary**

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRI- BUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION/ COMMITMENT	CHECK HERE IF LOAN	NAME AND ADDRESS OF 3 RD PARTY IF LOAN GUARANTEED BY 3 RD PARTY	NAME AND ADDRESS OF PERSON WHO FORGAVE THE LOAN
NONE						

This page may be copied or duplicated if additional space is needed.

**IN KIND
WRITTEN COMMITMENTS**Report Period **#1**

Bob McCleary

State Assembly

11

Name (print)

Office (if applicable)

District (if applicable)

**In Kind Written Commitments in Excess of \$100 or, When Added Together from One Entity Exceeds \$100
Transfer Total Amount of All Written Commitments to Line 6 of Contributions Summary**

NAME AND ADDRESS OF PERSON WHO MADE THE IN KIND COMMITMENT	DATE OF EACH IN KIND COMMITMENT	AMOUNT OF EACH IN KIND COMMITMENT
NONE		

This page may be copied or duplicated if additional space is needed.

**IN KIND CAMPAIGN
EXPENSES**Report Period **#1**Bob McCleary
Name (print)State Assembly
Office (if applicable)11
District (if applicable)**IN KIND****Expenses in Excess of \$100**

Transfer Total Value of All In-Kind Campaign Expenses to Line 11 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	DATE OF EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
NONE			

This page may be copied or duplicated if additional space is needed.

Prescribed by Secretary of State
NRS 294A.120, 294A.125,
294A.140, 294A.150, 294A.160
294A.200, 294A.210, 294A.220, 294A.362